



Test Your Knowledge

of

Medicare Training Module Four

Questions

1. The mission of the _____ is to investigate and prosecute Medicaid provider fraud and incidents of patient abuse and neglect.
 - a. Medicaid Fraud Control Units
 - b. Medical Insurance Fraud Units
 - c. Legislative Audit Control Units
 - d. Elder Abuse Unit
2. Fraud is defined as obtaining or attempting to obtain services or payments by dishonest means with intent, knowledge and willingness.
 - a. True
 - b. False
3. Medicaid fraud is perpetrated by providers.
 - a. True
 - b. False
4. _____ is billing for services not rendered.

a. unbundling	c. billing fraud
b. kickbacks	d. upcoding
5. When the provider bills both Medicaid and the recipient or a private insurance for the same health care services or goods, or two providers bill for the same services is known as
 - a. double billing
 - b. upcoding
 - c. unbundling
 - d. billing fraud

6. Billing for services that are not medically necessary is known as
- unnecessary medical services
 - upcoding
 - unbundling
 - billing fraud
7. Shelia believes she has been the victim of Medicaid fraud. Who should she contact to report the suspected fraud?
- Arkansas Attorney General's Medicaid Fraud Control Unit
 - National Fraud Hotline
 - Arkansas Senior Medicare/Medicaid Patrol Unit
 - All of the above
8. Elder neglect is negligently failing to provide necessary treatment, rehabilitation, care, food, clothing, shelter, supervision or medical services to an endangered or impaired adult.
- True
 - False
9. _____ is the illegal use or management of an endangered or impaired adult's funds, assets, or property, or the use of an endangered or impaired adult's power of attorney or guardianship or person for the profit or advantage of himself or another.
- neglect
 - abuse
 - fraud
 - exploitation
10. The Adult Abuse Act forbids abuse, exploitation and/or neglect of the elderly.
- True
 - False

11. Failure to provide that level of care, while billing Medicaid for covered services, is the basis for Medicaid fraud actions against long-term care facilities.
- True
 - False
12. _____ is perpetrated to help support improper billing in order to defraud the Medicaid program.
- falsification of records
 - Medicaid billing schemes
 - Unbundling
 - Upcoding
13. _____ occurs when a pharmacist fills a recipient's prescription with a generic drug or an over-the-counter drug but bills Medicaid for a more expensive name brand drug.
- falsification of records
 - unnecessary billing
 - prescription substitution
 - medical billing schemes
14. _____ occurs when provider's bill related services separately to charge a higher amount than if they are combined and billed as one service, group of services or panel of services.
- upcoding
 - unbundling
 - falsification of records
 - prescription substitution
15. List at least 2 items of information you should have ready when reporting fraud.

Answers

1. Medicaid Fraud Control Unit
2. True
3. True
4. c, billing fraud
5. a, double billing
6. d, billing fraud
7. d, all of the above
8. true
9. abuse
10. true
11. true
12. a, falsification of records
13. c, prescription substitution
14. b, unbundling
15. See slide # 54